FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

	FOI All Authori	zeu Comm	iiitee			Office Use Onl	у	
NAME OF COMMITTEE (in full)	USE FEC MAILING LAI OR TYPE OR PRINT		ample:If typing, t er the lines	ype				
Nita Lowey for Congress								
					1 1 1 1			
ADDRESS (number and street)	PO Box 271							
Check if different								
than previously reported. (ACC)	White Plains				NY	10605	ـــا ا	
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦			STATE		CODE A	STDIO1
C00219881	3.	IS THIS REPORT	X NEW (N)	OR	AMEN (A)	NDED N	ATE ♥ DIS	18
4. TYPE OF REPORT (Classical April 15 Quarterly F		12-Day PRI	E-Election Repo Primary (12P Convention ()	General Special		Runoff	(12R)
July 15 Quarterly R October 15 Quarter		Election on				in t Sta	the ate of	
January 31 Year-Er	nd Report (YE) (c)	30-Day POS	General (300		Runoff (30R)	Special	(30S)
Termination Report	(TER)	Election on	1 1	0 7	2006	in t Sta	the ate of	VY
5. Covering Period 1 0	19 2	006	through	11	27	2006		
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of a		e and belief it is	true, correc	t and complete			
Signature of Treasurer Electron	nically Filed by Richar	d Melnikofi	f		Date 12	0 7	20	0 6
NOTE : Submission of false, error	neous, or incomplete infor	mation may:	subject the perso	on signing t	his Report to th	e penalties of 2 l	J.S.C 437g	J.
Office Use						FEC F(

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Nita Lowey for Congress 2 7 19 2006 1 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 30395.00 1333402.74 (other than loans) (from Line 11(e))..... (b) Total Contribution Refunds 0.00 6450.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 30395.00 1326952.74 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 180703.27 1195631.40 (from Line 17)..... (b) Total Offsets to Operating 0.00 549.89 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1195081.51 180703.27 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 895169.33 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... For further information contact:

> Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100 Image# 26930713628

POST-ELECTION DETAILED SUMMARY PAGE

SUMMARY PAGE

Page 5

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FEC Form 3 (Revised 02/2003)

- Report of Receipts and Disbursements
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

. If the candidate participated in the general election, use this form for the 30-day Post-General report.

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name Nita Lowey for Congress D 27 1.0 19 2006 1.1 2006 Report Covering the Period: To: From: I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Total for Election Cycle Total as of** 11. CONTRIBUTIONS 2006 0 7 2006 0 8 1,1 11 (other than loans) FROM: (a) Individuals/Persons Other than (date of general election) **Political Committees** (date after general election) Itemized (Use Schedule A) through 14375.00 2006 11 27 (ii) Unitemized (last day of reporting period) 1520.00 (iii) Total of contributions from individuals 15895.00 1056542.00 0.00 (b) Political Party Committees 0.00 307.74 0.00 (c) Other Political Committees 14500.00 276553.00 0.00

Image# 26930713629

FEC Form 3 (Revised 02/2003)

POST-ELECTION DETAILED SUMMARY PAGE Report of Receipts and Disbursements

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Page 6

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
	(d) The Candidate		1
	0.00	0.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than load	ns) (add Lines 11(a)(iii), (b), (c) and (d))	
	30395.00	1333402.74	0.00
12.	TRANSFERS FROM OTHER AUTHORIZED C	COMMITTEES	
	0.00	0.00	0.00
13.	LOANS: (a) Made or Guaranteed by the Candidate		
	0.00	0.00	0.00
	(b). All Other Loans		
	0.00	0.00	0.00
	(c). TOTAL LOANS (add Lines 13(a) and (b))		
	0.00	0.00	0.00
14.	OFFSETS TO OPERATING EXPENDITURES	(refunds, rebates, etc)	
	0.00	549.89	0.00
15.	OTHER RECEIPTS (Dividends, Interest, etc)		
	1238.58	26588.40	0.00
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 an	nd 15)	
	31633.58	1360541.03	0.00

POST ELECTION DETAILED SUMMARY PAGE

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FEC Form 3 (Revised 02/2003) Report of Receipts and Disbursements Page 7 Write or Type Committe Name Nita Lowey for Congress 2006 2 7 2 0 0 6 Report the covering period From: To: II. DISBURSEMENTS **COLUMN A COLUMN B COLUMN C** Election Cycle Total as of * Total for * Total this period (date after general election) (date of general election) (* See page 5 for date) Through * (last day of reporting period) (* See page 5 for date) 17. OPERATING EXPENDITURES 180703.27 1195631.40 19818.26 18. TRANSFER TO OTHER AUTHORIZED COMMITTIES 0.00 0.00 0.00 19. LOAN PAYMENTS (a) Of Loans Made or Guaranteed by the Candidate 0.00 0.00 0.00 (b) Of All Other Loans 0.00 0.00 0.00 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 0.00 0.00 0.00 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 5050.00 (b) Political Party Committees 0.00 150.00 0.00

Image# 26930713631

FEC Form 3 (Revised 02/2003)

POST ELECTION DETAILED SUMMARY PAGE

6/49 Report of Receipts and Disbursements Page 8

	COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
	(c) Other political committees (such as PACs)			(
	0.00	1250.00		0.00
	(d) TOTAL CONTRIBUTION REFUNDS (See Line	s 20(a), (b) and (c))		
	0.00	6450.00		0.00
21.	OTHER DISBURSEMENTS			
	27700.00	430124.00		0.00
22.	TOTAL DISBURSEMENTS (add lines 17, 18, 19(d	s), 20(d), and 21)		
	208403.27	1632205.40		19818.26
_	III. NET CONTRIBUTIONS (OTHER THAN LO	ANS)		
	•	mmary Page for this report only; subtract line 20(d) fr	rom Line 11(e))	
	30395.00	1326952.74		0.00
_	IV. NET OPERATING EXPENDITURES			
	(Note: Substitute in lieu of Line #7 of Su	mmary Page for this report only; subtract line 14 from	Line 17)	
	180703.27	1195081.51		19818.26
	V. CASH SUMMA	ARY		
23.	CASH ON HAND AT BEGINING OF REPORTING	PERIOD		1071939.02
24.	TOTAL RECEIPTS AT THIS PERIOD (from Line	16)		31633.58
25.	•			1103572.60
26.	,	m Line 22)		208403.27
27	CASH ON HAND AT CLOSE OF PEDOPTING PE		1	895169.33

IT	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 49 (check only one) X 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Arvind Agarwal Mailing Address 30 Fieldstone Court City New City FEC ID number of contributing federal political committee.	State NY C	Zip Code 10956	Date of Receipt M M M
	Name of Employer Self-Employed Receipt For: 2006 Primary X General Other (specify) ▼	Physiciar		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) B. L. Agarwal Mailing Address 19 Barnes Lane			Date of Receipt M
	City	State	Zip Code	Transaction ID: C7521543
	Chappaqua FEC ID number of contributing federal political committee.	C	10514	Amount of Each Receipt this Period 250.00
	Name of Employer Information Requested Receipt For: 2006 Primary X General Other (specify) ▼		n on Requested Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
- C.	Full Name (Last, First, Middle Initial) Raja R. Amar	l		Date of Receipt
	Mailing Address 2 Sandyfield Lane			10 30 7 2006
	City	State	Zip Code	Transaction ID: C7521530
	Stony Point FEC ID number of contributing federal political committee.	C	10980	Amount of Each Receipt this Period 1000.00
	Name of Employer Portables Unlimited	Occupation CEO/Pre	sident	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify)	Election C	cycle-to-Date ▼ 1000.00	Speriumy (2 0.3.0. 441a(1)/441a-1)
s	UBTOTAL of Receipts This Page (optional) .			1750.00
т.	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 49 (check only one)
Ar	ny information copied from such Reports and story commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Andrew Bronin			Date of Receipt
	Mailing Address 4 Rye Ridge Plaza			1 1 0 7 2 0 0 6
	City	State	Zip Code	Transaction ID: C7524700
	Rye Broook	NY	10573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1600.00
	Name of Employer Self-Employed	Occupation Physician		Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	cycle-to-Date ▼ 2100.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Geraldine B Goldberg			Date of Receipt
	Mailing Address 40 Lincoln Street			11 07 2006
	City	State	Zip Code	Transaction ID: C7524863
	Larchmont	NY	10538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Family Services of Westch- ester	- · · · · · · · · · · · · · · · · · · ·	nent Coordinator	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	cycle-to-Date ▼ 250.00	Sportaling (E. S.S.S. 1114(I)/1114 1)
_	Full Name (Last, First, Middle Initial)			B : (B : :
C.	Bernard S Gordon Mailing Address 17 Brookfield Place			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C7524434
	Pleasantville	NY	10570	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Mayor, Village of Pleasan- tville		on Requested	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify)	Election C	cycle-to-Date ▼ 225.00	
s	UBTOTAL of Receipts This Page (optional) .			1875.00
Т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3	1		FOR LINE NUMBER: PAGE 9 / 49
	•	,	Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\geq	Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Neena Grewal			Date of Receipt
	Mailing Address 12 Fieldstone Court			10 30 2006
	City	State	Zip Code	Transaction ID: C7521531
	New City	NY	10956-6856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Physician		Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		,	
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Justin Israel			Date of Receipt
	Mailing Address 150 Central Park S.	Apt 1601		10 31 2006
	City	State	Zip Code	Transaction ID: C7520365
	New York	NY	10019-1566	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer KIDS	Occupation	1	
		Voluntee		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Sponding (2 0.0.0. 4414(1)/4414 1)
	Primary X General Other (specify) ▼		1500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Gulshan L. Jaggi	I		Date of Receipt
	Mailing Address 1 Jane Frances Wa	у		10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C7521546
	New City	NY	10956	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Avco Enterprises	Occupation President		Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼		250.00	
	IIDTOTAL of Descints This Desc (as "yes	<u> </u>		1250.00
\vdash	UBTOTAL of Receipts This Page (optiona	1)		
T	OTAL This Period (last page this line num	ber only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 49 (check only one) X
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
۹.	Full Name (Last, First, Middle Initial) Michael T. Masin Mailing Address 7 Times Square			Date of Receipt 1 0 3 1 2 0 0 6
	30th Floor City	State	Zip Code	Transaction ID: C7520368
	New York	NY	10036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer O'Melueny Myers, LLP Receipt For: 2006 Primary X General Other (specify)	Occupation Attorney Election C	Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Ethel H. Mayrsohn			Date of Receipt
	Mailing Address 34 Brae Burn Drive			11 07 2006
	City	State	Zip Code	Transaction ID: C7524439
	Purchase FEC ID number of contributing federal political committee.	C	10577	Amount of Each Receipt this Period 250.00
	Name of Employer Information Requested		on Requested	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	Cycle-to-Date ▼ 250.00	Spending (2 0.3.0. 441a(I)/441a-1)
D.	Full Name (Last, First, Middle Initial) Sunita Ravikumar			Date of Receipt
	Mailing Address 265 Hardscrabble Roa	ad		10 30 2006
	City	State	Zip Code	Transaction ID: C7521537
	Briarcliff FEC ID number of contributing federal political committee.	C	10510-1802	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed	Occupation Physician		Limit Increased Due to Opponent's
	Receipt For: 2006 □ Primary X General Other (specify) ▼		Sycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
S	UBTOTAL of Receipts This Page (optional) .			1250.00
т	OTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3)	lse separate schedule(s)	FOR LINE NUMBER: PAGE 11/49
ITEMIZED RECEIPTS	0	r each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·	D	etailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not the name and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		, p	
Nita Lowey for Congress			
Full Name (Last, First, Middle Initial) Gary Reback			Date of Receipt
Mailing Address 270 Glendale Road			11 03 7 9 9 9
City		Zip Code	Transaction ID: C7522375
Scarsdale	NY	10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Bear Stearns	Occupation		
	Mortgage Tra		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 Primary X General	Election Cycle-	-to-Date ▼	, , , , , ,
Other (specify) ▼		4200.00	
Full Name (Last, First, Middle Initial) 3. Miriam Reback			Date of Receipt
Mailing Address 270 Glendale Road			11 03 7 2006
City		Zip Code	Transaction ID: C7522374
Scarsdale	NY	10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2100.00
Name of Employer Information Requested	Occupation		Listin I annual of Durate Comments
Receipt For: 2006	Homemaker Election Cycle	-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General	Election Gyele		1
Other (specify) ▼	0 0 0	2100.00	
Full Name (Last, First, Middle Initial) Arthur Savage	•		Date of Receipt
Mailing Address 221 Corona Ave			11 03 7 2006
City		Zip Code	Transaction ID: C7522385
<u>Palham</u>	NY	10803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Self Employed	Occupation		Limit Increased Due to Opponent's
Receipt For: 2006	Attorney Election Cycle-	-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General	Ziosiisii oyala		1
Other (specify) ▼	0 0 0	900.00	
SUBTOTAL of Receipts This Page (optional)		2400.00
		<u> </u>	
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form	3) Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/49
ITEMIZED RECEIPTS	or each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Report or for commercial purposes, other than us	is and Statements may not be sold or used by any personal sing the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Nita Lowey for Congress		
Full Name (Last, First, Middle Initial) A. Carmine Scimia		Date of Receipt
Mailing Address 20 Little John Pl	ace	M M / D D / Y Y Y Y Y 1 1 1 0 7 2 0 0 6
City	State Zip Code	Transaction ID: C7524436
White Plains	NY 10605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Information Requested	Occupation Information Requested	Limit Increased Due to Opponent's
Receipt For: 2006 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	Spending (2 U.S.C. 441a(i)/441a-1)
B. Bipin Shah Mailing Address 21 Fieldstone Co	Ourt	Date of Receipt
		10 30 2006
City New City	State Zip Code NY 10956-6855	Transaction ID: C7521534
	NY 10956-6855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Pharmacist	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Rakesh Shreedhar		Date of Receipt
Mailing Address 11 Deforest Ct		10 30 2006
City	State Zip Code	Transaction ID: C7521532
West Nyack	NY 10994	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Physician	Limit Increased Due to Opponent's
Receipt For: 2006 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (opt	ional)	1100.00
TOTAL This Period (last page this line)	number only)	

C /	CHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 13 / 49
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 11d
			Detailed Suffilliary Fage	12 13a 13b 14 15
An	y information copied from such Reports and St	atements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Nita Lowey for Congress			
<u>/</u>				
	Full Name (Last, First, Middle Initial)			
٩.	Bangalore Sridhara			Date of Receipt
	Mailing Address 9 Camelot Way			10 30 2006
	City	State	Zip Code	Transaction ID: C7521535
	Orangeburg	NY	10962	Amount of Each Receipt this Period
			10002	Amount of Lacif neceipt this Feriod
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupatio		
		Physicia		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 0.0.0. 4414(1)/4414 1)
	Primary X General	' '	500.00	
	Other (specify)	0 0		J
	Full Name (Last, First, Middle Initial)			
3.	Ann Tenenbaum			Date of Receipt
	Mailing Address 322 East 57th Street			M M / D D / Y Y Y Y
				11 07 2006
	City	State	Zip Code	Transaction ID: C7524440
	New York	NY	10022	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.	0		
	Name of Employer	Occupatio	n	
	N/A	Homema	ıker	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
	E 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2	Full Name (Last, First, Middle Initial) Surinder Wadyal			Date of Receipt
	Mailing Address 64 Pine Hollow Road			M M / D D / Y Y Y Y
				10 30 2006
	City	State	Zip Code	Transaction ID: C7521541
	Oyster Bay	NY	11771	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	0		
	Name of Employer	Occupatio	n	7
	Self-Employed	Veterina	rian	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		250.00	1
	Other (specify) ▼	0 0	250.00	
_				1750.00
S	UBTOTAL of Receipts This Page (optional)		······	- 1130130
_	OTAL This Davied (lost need this line would be	anlıı)		. [
	OTAL This Period (last page this line number of	יייי (אוויכ	······································	

A. Eric Witkin

City

Rye

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

NAME OF COMMITTEE (In Full) Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

FEC ID number of contributing

Other (specify)

federal political committee.

Name of Employer UBS-IB

Primary

Receipt For:

Full Name (Last, First, Middle Initial)

Mailing Address 9 Westerleigh Rd.

Name of Employer Brown Raysman et al

Primary

Receipt For:

B. Robert Wolf

City

Purchase

Mailing Address 103 Wendover Lane

2006

2006

X General

X General

NY

C

NY

C

Occupation COO

Election Cycle-to-Date

2000.00

PAGE 14 / 49 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c 11d **Detailed Summary Page** 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Receipt 1.1 02 2006 State Zip Code Transaction ID: C7521857 10580 Amount of Each Receipt this Period 1000.00 Occupation Limit Increased Due to Opponent's Attorney Spending (2 U.S.C. 441a(i)/441a-1) Election Cycle-to-Date 1000.00 Date of Receipt 19 2006 Zip Code State Transaction ID: C6842117 10577 Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)	>	3000.00
TOTAL This Period (last page this line number only)	•	14375.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SCHEDULE A (FEC Form 3	1		FOR LINE NUMBER: PAGE 15 / 49
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b X 11c 11d
		Detailed Guillinary Lage	12 13a 13b 14 15
Any information copied from such Reports an	d Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or for commercial purposes, other than using	the name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Nita Lowey for Congress			
/			
Full Name (Last, First, Middle Initial) A. American Academy of Nurse Practitioners PA	C		Date of Receipt
Mailing Address PO Box 40473			M M / D D / Y Y Y Y
ag / taa. 666 1 O DOX 40470			11 02 2006
City	State	Zip Code	Transaction ID: C7521850
Washington	DC	20016	Amount of Each Receipt this Period
FEC ID number of contributing			500.00
federal political committee.	C C00	0358903	500.00
Name of Employer	Occupation	2	_
Name of Employer	Occupation	II	Limit Increased Due to Opponent's
Receipt For: 2006	Flection C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General	2.000.011	· · · · · · · · · · · · · · · · · · ·	7
Other (specify)		500.00	
			_
Full Name (Last, First, Middle Initial)	•		
American Association for Geriatric Psychiatry			Date of Receipt
Mailing Address 7910 Woodmont Av	renue		1 1 0 2 Y Y Y Y Y Y
Suite 1050			
City	State	Zip Code	Transaction ID: C7521852
Bethesda	MD	20814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
rederal political committee.			
Name of Employer	Occupation	n	
			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 0.3.0. 441a(I)/441a-1)
Primary X General		500.00	1
Other (specify)	0 0		1
Full Name (Last, First, Middle Initial)			+
C. American Dental Political Action Committee			Date of Receipt
Mailing Address 1111 14th Street N	V #1100		M M / D D / Y Y Y Y
			10 30 2006
City	State	Zip Code	Transaction ID: C7521552
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing	C C00	0000729	2000.00
federal political committee.	0 000	000729	
Name of Employer	Occupation	n	┪
• •			Limit Increased Due to Opponent's
Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General		7000.00	7
Other (specify) ▼		7000.00	
			3000.00
SUBTOTAL of Receipts This Page (optional)	······	3000.00
TOTAL This Period (last page this line number)	oer only)		

S	CHEDULE A (FEC Form 3)		Lla a concreta cobodula(a)	FOR LINE NUMBER: PAGE 16 / 49									
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)									
•••	LIMIZED RECEIP 13		Detailed Summary Page	11a 11b X 11c 11d									
Δ	information and from such Departs and C	12 13a 13b 14 15											
or	ny information copied from such Reports and Si for commercial purposes, other than using the	name and add	rnot be sold of used by any perso Iress of any political committee to	o solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full)												
\rangle	Nita Lowey for Congress												
A.	Full Name (Last, First, Middle Initial) American Medical Association Political Action Con			Date of Receipt									
	Mailing Address 1101 Vermont Avenue			11 07 2006									
	City	State	Zip Code	Transaction ID: C7524442									
	Washington	DC	20005	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C coo	0000422	1000.00									
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's									
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)									
	Primary X General		2000.00	1									
	Other (specify) ▼	0 0											
В.	Full Name (Last, First, Middle Initial) Dairy Farmers of America, Inc. DEPAC			Date of Receipt									
٥.	Mailing Address P O BOX 909700			M M / D D / Y Y Y Y									
				11 03 2006									
	City	State	Zip Code	Transaction ID: C7522372									
	KANSAS CITY	MO	64190	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C coo	0001388	1000.00									
	Name of Employer	Occupation	ו	Limit Increased Due to Opponent's									
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)									
	Primary X General Other (specify) ▼	0 0	1000.00										
<u> </u>	Full Name (Last, First, Middle Initial) Laborers' Political League-Laborers' International			Date of Receipt									
	Mailing Address 905 16th Street NW			10 24 2006									
	City	State	Zip Code	Transaction ID: C6849169									
	Washington	DC	20006	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C C00	0007922	5000.00									
	Name of Employer	Occupation	1										
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)									
	Receipt For: 2006	Election C	ycle-to-Date ▼	Speriding (2 0.3.0. 441a(1)/441a-1)									
	Primary X General Other (specify) ▼		7500.00										
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s	UBTOTAL of Receipts This Page (optional)			7000.00									
Т	OTAL This Period (last page this line number	only)											

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 49 (check only one) 11a 11b
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	Up not be sold or used by any perso Diction or used by any perso Diction or user by any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Full Name (Last, First, Middle Initial) NATIONAL MARINE MANUFACTURERS ASSO Mailing Address 444 North Capitol Stre Suite 645 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006	Date of Receipt M M		
Primary X General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Orthopeadic PAC Mailing Address 317 Masschusetts Ave City Washington	state DC	Zip Code 20002	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006 Primary X General Other (specify) ▼	Occupation	0343137 n Cycle-to-Date ▼ 2500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Realtors Political Action Committee Mailing Address 430 North Michigan Av City Chicago FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006 Primary X General Other (specify)	State IL C C00	Zip Code 60611 0030718 n	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			4500.00
TOTAL This Period (last page this line number	only)		14500.00

PAGE 18/49 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b X 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Chase Manhattan Bank Date of Receipt Mailing Address 349 Fifth Avenue 10 31 2006 City State Zip Code Transaction ID: C8288974 New York NY 10016-0001 Amount of Each Receipt this Period FEC ID number of contributing 27.38 C federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: Election Cycle-to-Date Primary General 384.97 Other (specify) Full Name (Last, First, Middle Initial) B. Citibank, N.A. Date of Receipt Mailing Address PO Box 5870 3 1 2006 City State Zip Code Transaction ID: C8288975 New York NY 10163 Amount of Each Receipt this Period FEC ID number of contributing C 1211.20 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: Election Cycle-to-Date Primary General 26203.43 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1238.58
TOTAL This Period (last page this line number only)	<u> </u>	1238.58

-9								
		(FEC Form 3) BURSEMENTS	for each of	rate schedule(s) category of the Summary Page	(check only	X 17	PAGE 19a 20c	19 / 49 19b 21
		d from such Reports and				or the purpose of solicat	ting contrib	outions
\rangle	NAME OF COMM Nita Lowey for 0							
۸.	Full Name (Last, F American Expre	irst, Middle Initial) ess Merchant Service	S			Transaction ID: D1;	nt	Y . Y
	Mailing Address	PO Box 53852		111 / 01	2	0 0 6		
	City Phoenix		State AZ		Amount of Each Disk	oursement	this Period	
	Purpose of Disbur	sement			•	Refund or Dispos	al of Evo	5.00
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53	quired Und	
	Office Sought:	House D Senate President District:	isbursement For: Primary Other (spe	General cify) ▼				
3.	Full Name (Last, F American Expre	ess Merchant Service	s			Transaction ID: D13 Date of Disbursemer	nt	YY
	Mailing Address	PO Box 53852				111 06	2	0 0 6
	City Phoenix		State AZ	Zip Code 85072		Amount of Each Disk	oursement	
	Purpose of Disbur Merchant Fees	sement		Refund or Dispos				
	Candidate Name		Category/ Type	Contributions Red		der		
	Office Sought:	Senate President	isbursement For: Primary Other (spe	General cify) ▼				
		District:						
Э.	Full Name (Last, F AMS Communic					Transaction ID: D13 Date of Disbursemen		
	Mailing Address	500 Sansome St, S	Ste 201			10 31	Ž	0 0 6
	City San Francisco		State CA	Zip Code 94111		Amount of Each Disk		
	Purpose of Disbur							054.00
	Direct mail design Candidate Name	and postage			Category/ Type	Refund or Dispos Contributions Red 11 C.F.R. 400.53	quired Und	
	Office Sought:	Senate	isbursement For: Primary Other (see	General	,,			
	State:	President District:	Other (spe	©IIY) ▼				
s	UBTOTAL of Disbu	ursements This Page (op	tional)	<u></u>	<u></u>		130	063.50

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	CHEDULE B (FEC Form 3	·	Use sep	erate schedule(s)		-	E NUMBER: PAGE 20 / 49									
IT	EMIZED DISBURSEMENTS	6		category of the Summary Page		(check only	X 17 20a		18 20b	F	_	19a 20c	F	19b 21		
	y Information copied from such Reports and for commercial purposes, other than using t															
\setminus	NAME OF COMMITTEE (In Full)															
/	Nita Lowey for Congress															
Α.	Full Name (Last, First, Middle Initial) AMS Communications, Inc. Mailing Address 500 Sansome St,		Transaction ID: D135789 Date of Disbursement 10 DD D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y													
	300 Sansonie St,	Ole 201											-			
	City San Francisco		Amo	ount	of Eac	h I	Disb	ourse	-	nt this Period						
	Purpose of Disbursement Direct mail design and postage								nd or I				Exc			
	Candidate Name	ategory/ Type			ributio .F.R. 4				d Ui	nder						
	Senate President		nent For: Primary Other (spe	General												
	State: District:															
В.	Full Name (Last, First, Middle Initial) AMS Communications, Inc.								tion II Disbur			-	90			
	Mailing Address 500 Sansome St,			1 () ^M	/ D	2	^D 4	/	Y 2	2006					
	City San Francisco		state CA	Zip Code 94111			Amo	ount	of Eac	h I	Disb	ourse	emei	nt this Period		
	Purpose of Disbursement Direct mail design and postage			26919.00 Refund or Disposal of Excess												
	Candidate Name	С	ategory/ Type		Cont I1 C	ributio .F.R. 4	ns 100	Red).53	quire	d Ui	nder					
	Senate President		nent For: Primary Other (spe	General ecify) ▼												
	State: District:															
C.	Full Name (Last, First, Middle Initial) Beta Parking						Date	of I	tion II Disbur	sei	men					
	Mailing Address 545 5th Avenue						1	I	/ D	2	O O	'L	Y 2	2006		
	City New York		itate VY	Zip Code 10017			Amo	ount	of Eac	h I	Disb	ourse	emei	nt this Period		
	Purpose of Disbursement Monthly Parking	Г		L	Refu	nd or I	Dis	pos	al of	Exc	200.00 ess					
	Candidate Name				С	ategory/ Type		Cont	ributio .F.R. 4	ns	Rec	quire				
	Office Sought: House Senate President		nent For: Primary Other (spe	General												
	State: District:															
s	UBTOTAL of Disbursements This Page (or	otional)				-							83	3755.00		

_	01150111 5 D (5505											
50	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 21 / 49								
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_ i `	x 17								
		Detailed Summary Page		20a 20b 20c 21								
	y Information copied from such Reports and State for commercial purposes, other than using the nan											
\setminus	NAME OF COMMITTEE (In Full)											
17	Nita Lowey for Congress											
<u></u>	Full Name (Last, First, Middle Initial)											
A.	Chase Manhattan Bank			Transaction ID: D135856 Date of Disbursement								
	Mailing Address 349 Fifth Avenue			10								
	City New York	State Zip Code NY 10016-0001		Amount of Each Disbursement this Period								
	Purpose of Disbursement Bank Service Charges			11.70 Refund or Disposal of Excess								
	Candidate Name		Category/	Contributions Required Under								
			Туре	11 C.F.R. 400.53								
	Office Sought: House Disburs Senate	sement For: Primary General										
	President	Other (specify) ▼										
	State: District:											
В.	Full Name (Last, First, Middle Initial)			Transaction ID: D136062								
Ь.	Chase Merchant Services			Date of Disbursement								
	Mailing Address 45 Knollwood Road		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$									
	City	State Zip Code		Amount of Each Disbursement this Period								
	Elmsford	NY 10523		77.20								
	Purpose of Disbursement Merchant Fees		Refund or Disposal of Excess									
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53								
		ement For:										
	Senate President	Primary General Other (specify) ▼										
	State: District:	Other (specify)										
	Full Name (Last, First, Middle Initial)			Transaction ID: D135809								
C.	Child Care Council of Westchester, Inc.			Date of Disbursement								
	Mailing Address 470 Mamaroneck Ave			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & G \end{smallmatrix} $								
	City White Plains	State Zip Code NY 10605		Amount of Each Disbursement this Period								
	Purpose of Disbursement		-	500.00								
	Journal Advertisement			Refund or Disposal of Excess Contributions Required Under								
	Candidate Name		Category/ Type	11 C.F.R. 400.53								
	Office Sought: House Disburs	ement For:										
	Senate	Primary General										
	President State: District:	Other (specify)										
Г	otato. Diatriot.											
s	UBTOTAL of Disbursements This Page (optional)			588.90								

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	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENTS	S for each	perate schedule(s) a category of the I Summary Page	(check only	NUMBER: PAGE 22 / 49 y one) X 17
	y Information copied from such Reports an for commercial purposes, other than using				or the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC Mailing Address 2525 Horizon Lake	e Drive, Suite 12	20		Transaction ID: D135867 Date of Disbursement M M M / D D D / Y Y Y O D G
	City Memphis Purpose of Disbursement	State TN	Zip Code 38133		Amount of Each Disbursement this Period
	Merchant Fee Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (sp	General ecify) ▼		
В.	Full Name (Last, First, Middle Initial) Deer Park Spring Water				Transaction ID: D135864 Date of Disbursement
	Mailing Address Processing Center PO Box 52271	r			1 1 1 D 0 5 V Y 2 0 0 6 Y
	City Phoenix	State AZ	Zip Code 85072-2271		Amount of Each Disbursement this Period 20.49
	Purpose of Disbursement Office Supplies Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	Disbursement For: Primary Other (sp	General ecify) ▼	,,	
	State: District:				
C.	Full Name (Last, First, Middle Initial) Sarah Eckstein				Transaction ID: D135863 Date of Disbursement
	Mailing Address 15 Carlin Street				1 1 M 1 M
	City Norwalk	State CT	Zip Code 06851		Amount of Each Disbursement this Period
	Purpose of Disbursement Health Insurance Reimbursement Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	Disbursement For: Primary Other (sp	General ecify)	.) [6	
_	State: District:				
\[\s	Senate President	Primary Other (sp			120.8

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	CHEDULE B (FEC Form 3)		erate schedule(s)	FOR LINE (check on	E NUMBER: PAGE 23 / 49
IT	EMIZED DISBURSEMENTS		category of the Summary Page	(CHECK OH	
		Detailed	Summary Fage		20a 20b 20c 21
	y Information copied from such Reports and Stat for commercial purposes, other than using the na				
\setminus	NAME OF COMMITTEE (In Full)				
17	Nita Lowey for Congress				
<u></u>	Full Name (Last, First, Middle Initial)				T = B
A.	Sarah Eckstein				Transaction ID: D135870 Date of Disbursement
	Mailing Address 15 Carlin Street				1 1 1 M
	City Norwalk	State CT	Zip Code 06851		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll				1077.64 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	sement For:	General		
	President	Other (spe			
	State: District:				
В.	Full Name (Last, First, Middle Initial) Sarah Eckstein				Transaction ID: D135851 Date of Disbursement
	Mailing Address 15 Carlin Street				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code		Amount of Each Disbursement this Period
	Norwalk	CT	06851		1077.64
	Purpose of Disbursement Payroll Expense			1077.64 Refund or Disposal of Excess	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	sement For:	General		
	President	Other (spe			
	State: District: Full Name (Last, First, Middle Initial)				
C.	Sarah Eckstein				Transaction ID: D135880 Date of Disbursement
	Mailing Address 15 Carlin Street				1 1 1 D 2 2 Y 2 0 0 6 Y
	City Norwalk	State CT	Zip Code 06851		Amount of Each Disbursement this Period
	Purpose of Disbursement Petty Cash		125.00 Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	sement For:	General		
	President	Other (spe			
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional	l)		>	2280.28

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 24 / 49 y one) X 17 18 19a 19b 20a 20b 20c 21							
	y Information copied from such Reports and St for commercial purposes, other than using the			for the purpose of solicating contributions							
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress										
Α.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 1140			Transaction ID: D135888 Date of Disbursement							
	City Memphis	State Zip Code TN 38101		Amount of Each Disbursement this Period							
	Purpose of Disbursement Deliveries Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
	Office Sought: House Disk Senate President State: District:	ursement For: Primary General Other (specify)									
	Full Name (Last, First, Middle Initial)										
В.	FEDEX			Transaction ID: D135889 Date of Disbursement							
	Mailing Address PO BOX 1140			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 1 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$							
	City Memphis	State Zip Code TN 38101		Amount of Each Disbursement this Period							
	Purpose of Disbursement Deliveries			35.19 Refund or Disposal of Excess							
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53							
	Office Sought: House Disk Senate President State: District:	ursement For: Primary General Other (specify) ▼									
C.	Full Name (Last, First, Middle Initial)			Transaction ID: D135849 Date of Disbursement							
	Mailing Address PO BOX 1140			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} $							
	City Memphis	State Zip Code TN 38101		Amount of Each Disbursement this Period							
	Purpose of Disbursement Deliveries			47.61 Refund or Disposal of Excess							
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53							
	Office Sought: House Disk Senate President	ursement For: Primary General Other (specify) ▼									
_	State: District:										
s	UBTOTAL of Disbursements This Page (optio	nal)	>	231.84							

В.

C.

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SCHEDULE B (FEC Form 3 ITEMIZED DISBURSEMEN	Use seperate schedule(s)	FOR LINE (check onl	PAGE 25 / 49 ly one) X 17 18 19a 19b 20a 20b 20c 21										
Any Information copied from such Reports or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full) Nita Lowey for Congress													
Full Name (Last, First, Middle Initial) A. FEDEX Mailing Address PO BOX 1140		Transaction ID: D135850 Date of Disbursement 10 29 2006											
City Memphis	State Zip Code TN 38101		Amount of Each Disbursement this Period										
Purpose of Disbursement Deliveries Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under										
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53										
Full Name (Last, First, Middle Initial) B. FEDEX			Transaction ID: D135875 Date of Disbursement										
Mailing Address PO BOX 1140			111										
City Memphis	State Zip Code TN 38101		Amount of Each Disbursement this Period										
Purpose of Disbursement Deliveries Candidate Name		Category/	45.25 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53										
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	Туре											
Full Name (Last, First, Middle Initial) C. FEDEX			Transaction ID: D135865 Date of Disbursement										
Mailing Address PO BOX 1140			111 / 05 / 2006										
City Memphis	State Zip Code TN 38101		Amount of Each Disbursement this Period										
Purpose of Disbursement Deliveries			82.90 Refund or Disposal of Excess										
Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53										

House

Senate

District:

President

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Disbursement For:

Primary

Other (specify)

General

▶ 139.56

Office Sought:

State:

S	CHEDULE B (FEC Form 3)			Т	FOD LINE	E NUMBER: PAGE 26 / 49										
			perate schedule(s)	(check onl												
11	EMIZED DISBURSEMENTS		category of the Summary Page		` -	X 17 20a		→	18 20b	F	19a 20c		19b 21			
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam															
Ν	NAME OF COMMITTEE (In Full)															
\backslash	Nita Lowey for Congress															
Α.	Full Name (Last, First, Middle Initial) Fine Arts Orchestral Society		Transaction ID: D135831 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y													
	Mailing Address 67 Rumsey Road		1	0		2	2 6	<u> </u>	2	2006						
	City Yonkers	State NY	Zip Code 10705			Amount of Each Disbursement this Period										
	Purpose of Disbursement Journal Advertisement		L	Refu	ınd	or D	ızi(oosal o	f Exc	110.00						
	Candidate Name	ategory/ Type			rib	ution	ıs İ	Require								
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В.	Full Name (Last, First, Middle Initial) FMBS Merchant Services						nsac e of l				01358 nent	59				
	Mailing Address 2 Westbrook Drive Suite 200							/	DC	2 2	2 /	Y	2006			
	City Westchester		Am	ount	of	Each	ı D	isburs	emer	nt this Period						
	Purpose of Disbursement Merchant Fees	Refund or Disposal of Exce						30.00								
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	Office Sought: House Disburs Senate President	ement For: Primary Other (sp	General ecify) ▼													
	State: District:	``	•													
C.	Full Name (Last, First, Middle Initial) Ford Credit					_	nsac e of l			_	01358 nent	45				
	Mailing Address PO Box 220564					1 M	0 ^M	/	D 2	2 5	9 /	Y 2	2006			
	City Pittsburgh	State PA	Zip Code 15257-2564			Am	ount	of	Each	ı D	isburs	emer	nt this Period			
	Purpose of Disbursement		10207 2007	_									345.99			
	Monthly Car Lease						Refu	ınd	or D	isr	oosal o	f Exc	ess			
	Candidate Name	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53							nder						
	Office Sought: House Disburs Senate President															
	State: District:	Other (sp	<i>y</i>													
s	UBTOTAL of Disbursements This Page (optional)				<u></u>								485.99			

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Arry Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial process, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full)			·	for each	category of the (heck only o	ne) 17	R:		F		9a	GE H	19b	49			
NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) A. G.E. Capital Malling Address PO BOX 642111 City Pittsburgh PA 15264 Purpose of Disbursement Equipment Rental Candidate Name Office Sought: House Primary General Purpose of Disbursement Full Name (Last, First, Middle Initial) B. G.E. Capital Malling Address PO BOX 642111 City State: Prinsiblent Other (specify) ▼ State Zip Code Pittsburgh Primary General Prinsiburgh Primary General Cardidate Name Office Sought: House Primary General Cardidate Name Office Sought: House Primary General Cardidate Name Office Sought: House Primary General Disbursement For: State: District: Full Name (Last, First, Middle Initial) City State Zip Code PA 15264 Purpose of Disbursement Equipment Rental Cardidate Name Office Sought: House Primary General Disbursement For: State: District: Full Name (Last, First, Middle Initial) Transaction ID: D135877 Date of Disbursement his Period Amount of Each Disbursement His Period 11 C.F.R. 400.53 Transaction ID: D135810 Date of Disbursement his Period Transaction ID: D135810 Date of Disbursement his Period Transaction ID: D135810 Date of Disbursement his Period Amount of Each Disbursement his Period Transaction ID: D135810 Date of Disbursement his Period Transaction ID: D135810 Date of Disbursement his Period Amount of Each Disbursement his Period Transaction ID: D135810 Date of Disbursement his Period Amount of Each Disbursement his Period Transaction ID: D135810 Date of Disbursement his Period Amount of Each Disbursement his Period To W 2 2 0 0 6 Amount of Each Disbursement his Period To W 2 2 0 0 6 Amount of Each Disbursement his Period To W 2 2 0 0 6 Transaction ID: D135810 Date of Disbursement his Period Transaction ID: D135810 Date of Disbursement his Period To W 2 2 0 0 6 Transaction ID: D135810 Date of Disbursement his Period To W 2 2 0 0 6 Transaction ID: D135810 Date of Disbursement his Period To W 2 2 0 0 6 Transaction ID: D13								the pu		e of s		cati	ng co		butior	ıs			
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Senate Primary General President Other (specify) ▼		Candidate Name						Co	ontrik	oution	ıs F	Req							
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\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) HOGAR Inc				Transaction ID: D135833 Date of Disbursement
	Mailing Address 49 West Broad	St, Ste 3 PO Box	577		1 0 M / D 2 6 / Y 2 0 0 6 Y
	City Haverstraw	State NY	Zip Code 10927		Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisement Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (sp	General pecify) ▼		
В.	Full Name (Last, First, Middle Initial) Huguenot & New Rochelle Historie	cal Associ			Transaction ID: D135808 Date of Disbursement
	Mailing Address 46 Longue Vue	Avenue			10 M / D 2 6 / Y 2 0 0 6 Y
	City New Rochelle	State NY	Zip Code 10804		Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisement				250.00 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (sp	General pecify) ▼		
	Full Name (Last, First, Middle Initial)				Transaction ID: D135844
C.	Key Post Realty Corp.				Date of Disbursement
	Mailing Address PO Box 26				10 29 2006
	City New Rochelle	State NY	Zip Code 10802		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent				1466.66 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
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General

Primary

Other (specify)

State:

Senate

District:

President

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\setminus	NAME OF COMMITTEE (In Full)												
/	Nita Lowey for Congress												
Α.	Full Name (Last, First, Middle Initial) NetCampaign, LLC	,							isburs		ent		ž 0 0 6
	Mailing Address 718 7th Street, NV Suite 300							_					
	City Washington		ate C	Zip Code 20001			Amou	ınt o	f Each	n Dis	sbur	seme	nt this Period
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	Office Sought: House Senate President		ent For: Primary Other (spe	General									
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В.	Full Name (Last, First, Middle Initial) NetCampaign, LLC						Trans Date		ion ID isburs			874	
	Mailing Address 718 7th Street, NW Suite 300						1 1 1						
	City State Zip Code Washington DC 20001							ınt o	f Each	n Dis	bur	seme	nt this Period
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	State: District:												
C.	Full Name (Last, First, Middle Initial) New Rochelle Chamber of Commerce	ce						of D	isburs	eme	ent		
	Mailing Address 459 Main Street						1 ^M 0	М	/ D	26	'	Y	ž 0 0 6 °
	City New Rochelle		ate Y	Zip Code 10801			Amou	ınt o	f Each	n Dis	bur	seme	nt this Period
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) New Rochelle Italian-American Association Mailing Address 1 Cleveland Ct.	1		Transaction ID: D135816 Date of Disbursement M 0 2 6 2 0 0 6
	City	State Zip Code		Amount of Each Disbursement this Period
	New Rochelle Purpose of Disbursement Journal Advertisement	NY 10801		150.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial) Noam Bramson			Transaction ID: D135881 Date of Disbursement
	Mailing Address 201 Pinebrook Boulevard	I		1 1 M M / D 2 D / Y Y Y O O 6 Y
	New Rochelle	State Zip Code NY 10804		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Consulting Services Candidate Name		Catanand	4583.33 Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify)		
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C.	Full Name (Last, First, Middle Initial) Noam Bramson			Transaction ID: D135882 Date of Disbursement
	Mailing Address 201 Pinebrook Boulevard	I		1 1 1 D 2 2 V Y Y O O 6 Y
	New Rochelle	State Zip Code NY 10804		Amount of Each Disbursement this Period
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Α.	•	First, Middle Initial) chester Shelter						_				D13 ement		3	
	Mailing Address	PO Box 203						1 M		/	^D 2	^D 6	Y	ž	0 0 6
	City Pleasantville			State NY	Zip Code 10570			Am	ount	of E	ach	Disb	ırsen	nen	t this Period
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	Mailing Address 100 Painters Mill Road PO Box 388							1		/	^D 1	0	Y	ž	0 0 6
	City Owings Mills			State MD	Zip Code 21117			Am	ount	of E	ach	Disb	ırsen	nen	t this Period
	Purpose of Disbursement Payroll Service					Г	Refund or Disposal of Excess			59.97 ess					
	Candidate Name					С	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53				der			
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General Gecify) ▼										
	State:	District:													
C.	Full Name (Last, Paychex, Inc.	First, Middle Initial)						_				D13 ement		ı	
	Mailing Address	100 Painters M PO Box 388	lill Road					м 1		/	^D 1	5	Y	ž	0 0 6
	City Owings Mills	1 O Box 300		State MD	Zip Code 21117			Am	ount	of E	ach	Disb	ırsen	nen	t this Period
	Purpose of Disbursement Payroll Taxes					Г		L	Refu	nd o	r Di	sposa	al of F	- XC6	401.25
	Candidate Name						ategory/ Type			ribut	ions	: Req			
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General										
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Transaction ID: D135872 Disbursement Primary Other (specify) Full Name (Last, First, Middle Initial) B. PCMS, LLC Mailing Address Candidate Name City Senate Primary Other (specify) Transaction ID: D135872 Date of Disbursement Amount of Each Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Primary General Disbursement Primary Category/ Type Transaction ID: D135848 Date of Disbursement Primary Date of Disbursement Primary Category/ Type Transaction ID: D135848 Date of Disbursement Primary General Disbursement Primary General Disbursement Primary General Disbursement Primary General Disbursement Primary General Disbursement Accounting Services Candidate Name Disbursement District: Transaction ID: D135848 Date of Disbursement Primary General Disbursement P	·						
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) A. Paychex, Inc. Mailing Address 100 Painters Mill Road PO Box 388 City Owings Mills State Zip Code MD 21117 Purpose of Disbursement Payroll Taxes Candidate Name District: Full Name (Last, First, Middle Initial) PCMS, LLC Mailing Address 5304 McKinley Street City State: District: Full Name (Last, First, Middle Initial) PUrpose of Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Primary General Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Accounting Services Candidate Name Disbursement Primary General Disbursement Accounting Services Candidate Name Disbursement Primary General Disbursement Accounting Services Contributions Required Under Transaction ID: D135848 Date of Disbursement Primary General Transaction ID: D135848 Date of Disbursement Primary General Other (specify) Transaction ID: D135848 Date of Disbursement Primary General Primary General Other (specify) Amount of Each Disbursement Primary Category Type Transaction ID: D135848 Date of Disbursement Primary Category Type Amount of Each Disbursement Primary Category Type Amount of Each Disbursement Primary Category Type Amount of Each Disbursement Primary Category Type Transaction ID: D135848 Date of Disbursement P		•	S for e	ach category of the	(check only	y one) X 17	
Nita Lowey for Congress						for the purpose of solicating contributions	
A. Paychex, Inc. Mailing Address 100 Painters Mill Road PO Box 388 City Owings Mills MD 21117 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Purpose of Disbursement For: Senate Purpose of Disbursement For: Senate Purpose of Disbursement President State: District: Full Name (Last, First, Middle Initial) PCMS, LLC Mailing Address 5304 McKinley Street City Senate Primary General Category' Type Office Sought: House Disbursement For: Senate Purpose of Disbursement For: Category' Type City Senate President Disbursement For: Primary General	\rangle	• • •					
City Disbursement Payroll Taxes Candidate Name Office Sought: House Senate President State: District: B. Full Name (Last, First, Middle Initial) Purpose of Disbursement Accounting Services Candidate Name Office Sought: House Senate President State: District: City Bethesda MD 20814 Purpose of Disbursement Accounting Services Candidate Name Office Sought: House Senate Primary General Primary General State: District: City Bethesda MD 20814 Purpose of Disbursement Accounting Services Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type Transaction ID: D135872 Date of Disbursement this F Amount of Each Disbursement this F Category/ Type Transaction ID: D135872 Date of Disbursement this F Category/ Type Transaction ID: D135842 Category/ Type Transaction ID: D135848 Date of Disbursement 11	Α.	Paychex, Inc.	Road			Date of Disbursement	
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Transaction ID: D135872 Date of Disbursement Mailing Address 5304 McKinley Street City Bethesda Purpose of Disbursement Accounting Services Candidate Name Category/ Type Category/ Type Contributions Required Under 11 C.F.R. 400.53		City Owings Mills Purpose of Disbursement				Amount of Each Disbursement this Period 401.25	
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. PCMS, LLC Mailing Address 5304 McKinley Street City State Zip Code MD 20814 Purpose of Disbursement Accounting Services Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ Category/ Type Category/ Type Transaction ID: D135872 Date of Disbursement Amount of Each Disbursement this Formary General Other (specify) ▼ Category/ Type Transaction ID: D135848 Date of Disbursement Tibe Formary General Other (specify) ▼ Transaction ID: D135848 Date of Disbursement Transaction ID: D135848 Date of Disbursement Transaction ID: D135848 Date of Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Transaction ID: D135848 Date of Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Model Initial Disbursement Disburseme		Candidate Name				Contributions Required Under	
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Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) PhotoBureau Inc. Mailing Address 105 Garth Rd. #1H City State Zip Code Scarsdale NY 10583 Purpose of Disbursement NY 10583 Purpose of Disbursement Photography Services Candidate Name Disbursement For: Primary General Primary General Other (specify) ▼ Transaction ID: D135848 Date of Disbursement Mod M / D2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Accounting Services				Refund or Disposal of Excess Contributions Required Under	
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C. PhotoBureau Inc. Mailing Address 105 Garth Rd. #1H City State Zip Code Scarsdale NY 10583 Purpose of Disbursement Photography Services Candidate Name State Zip Code NY 10583 Amount of Each Disbursement this Functional Refund or Disposal of Excess Contributions Required Under Contributions Regulared Under Contribution Contributions Regulared Under Contribution Contribut							
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Scarsdale Purpose of Disbursement Photography Services Candidate Name NY 10583 41.8 Refund or Disposal of Excess Contributions Required Under		Mailing Address 105 Garth Rd. #1	Н			10 7 29 7 2006	
Photography Services Candidate Name Refund or Disposal of Excess Contributions Required Under						Amount of Each Disbursement this Period	
Type		Photography Services			Category/ Type		
Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼		Senate President	Prima	ry General			
State: District:	_	State: District:					

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	HEDULE B (FEC Form 3 MIZED DISBURSEMEN	for each	perate schedule(s) a category of the I Summary Page	(check only	NUMBER: PAGE 33 / 49 y one) X 17
					or the purpose of solicating contributions licit contributions from such committee
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
	Full Name (Last, First, Middle Initial) Port Chester-Rye Brook Chamber	of Commerc			Transaction ID: D135819 Date of Disbursement
M _	Mailing Address 110 Willett Ave				10 M / D 2 B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity Port Chester	State NY	Zip Code 10573		Amount of Each Disbursement this Period
	Purpose of Disbursement lournal Advertisement				125.00 Refund or Disposal of Excess
C	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
C	Office Sought: House Senate President	Disbursement For: Primary Other (sp	General vecify) ▼		
	State: District:				
_	Full Name (Last, First, Middle Initial) Rockland County Democratic Cor	nmittee			Transaction ID: D135854 Date of Disbursement
M	Mailing Address PO Box 266		10 7 31 7 2006		
	City New City	State NY	Zip Code 10956		Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Advertising				2000.00 Refund or Disposal of Excess
C	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
C	Office Sought: House Senate President	Disbursement For: Primary Other (sp	General		
S	State: District:	Other (sp	ecity) 🔻		
_	Full Name (Last, First, Middle Initial) RSVP of Westchester				Transaction ID: D135822 Date of Disbursement
N	Mailing Address 280 NOrth Cent	ral Ave Suite 310			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	Dity Hartsdale	State NY	Zip Code 10530		Amount of Each Disbursement this Period
	Purpose of Disbursement lournal Advertisement				500.00 Refund or Disposal of Excess
C	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
C	Office Sought: House Senate President	Disbursement For: Primary Other (sp	General vecify)		
S	State: District:				

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	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 34 / 49 (check only one)
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
			y any person for the purpose of solicating contributions or mmittee to solicit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full)		
$ \rangle$	Nita Lowey for Congress		
_	Full Name (Last, First, Middle Initial)		Transaction ID: D135842
Α.	Ryan Phillips Utrecht & MacKinnon		Date of Disbursement
	Mailing Address 1133 Connecticut A	enue NW	1 0 M / D 2 9 / Y 2 0 0 6 Y
	City Washington	State Zip Code DC 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal Services		1306.54 Refund or Disposal of Excess
	Candidate Name		Category/ Type Category/ Type Total of Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Dis	ursement For: Primary Other (specify)	
	State: District:	Other (specify)	
D	Full Name (Last, First, Middle Initial)		Transaction ID: D135886
B.	Ryan Phillips Utrecht & MacKinnon	Date of Disbursement	
	Mailing Address 1133 Connecticut A	1 1 1 D 2 2 7 Y 2 0 0 6 Y	
	City Washington	State Zip Code DC 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal Services		1703.12 Refund or Disposal of Excess
	Candidate Name	C	Category/ Type Contributions Required Under 11 C.F.R. 400.53
	Senate	ursement For: Primary General	
	State: President District:	Other (specify)	
	Full Name (Last, First, Middle Initial)		Transaction ID: D135823
C.	Sacred Heart High School		Date of Disbursement
	Mailing Address Principal's Scholars	p Dinner 34	10 M / D 2 6 / Y 2 0 0 6 Y
	City Yonkers	State Zip Code NY 10703	Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisement		250.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type Category/ Type Tetrified of Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Dis Senate President	ursement For: Primary General Other (specify)	
	Fresident	Culor (opcomy)	

S	CHEDULE B (FEC Form 3)		FORLINE	NUMBER: PAGE 35/49				
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	EMIZED DISBURSEMENT		Summary Page		X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports an for commercial purposes, other than using								
Λ	NAME OF COMMITTEE (In Full)								
V	Nita Lowey for Congress								
Α.	Full Name (Last, First, Middle Initial) Special Olympics of New York				Transaction ID: D135820 Date of Disbursement				
	Mailing Address 504 Balltown Roa	ıd			10 26 Y 2006				
	City Schenectady	State NY	Zip Code 12304		Amount of Each Disbursement this Period				
	Purpose of Disbursement Journal Advertisement			, ,	275.00 Refund or Disposal of Excess				
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate President	Disbursement For: Primary Other (spe	General ecify) ▼						
	State: District:								
В.	Full Name (Last, First, Middle Initial) The Frost Group				Transaction ID: D135862 Date of Disbursement				
	Mailing Address 2737 Devonshire		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$						
	City Washington	State DC	Zip Code 20008		Amount of Each Disbursement this Period				
	Purpose of Disbursement Fundraising Consulting Services		, ,	5000.00 Refund or Disposal of Excess					
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate	Disbursement For: Primary	General						
	State: President District:	Other (spe	ecity) 🔻						
_	Full Name (Last, First, Middle Initial)				Transaction ID: D135840				
C.	The Mellman Group				Date of Disbursement				
	Mailing Address 1000 Thom Jeffer		1 0 M / D 2 9 / Y 2 0 0 6 Y						
	City Washington	State DC	Zip Code 20007		Amount of Each Disbursement this Period				
	Purpose of Disbursement	•	33.91						
	Polling Expense Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
		D. 1	Туре	11 O.F.n. 400.00					
	Senate	Disbursement For: Primary	General						
_	State: President District:	Other (spe	есіту) 🔻						
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	y Information copied from such Reports and St for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) The Mellman Group Mailing Address 1000 Thom Jefferson		Transaction ID: D135841 Date of Disbursement 10	
	City Washington	State Zip Code DC 20007		Amount of Each Disbursement this Period 36100.00
	Purpose of Disbursement Polling Expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	oursement For: Primary General Other (specify) ▼		
В.	The National Heraid Inc.	v Nowopopor		Transaction ID: D135821 Date of Disbursement 10 26 2006
	Mailing Address Greek American Dail 41-17 Crescent Stree City	t		
	Long Island City	State Zip Code NY 11101		Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisment Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	oursement For: Primary General Other (specify)	Туре	
C.	Full Name (Last, First, Middle Initial) The Rye Record			Transaction ID: D135873 Date of Disbursement
	Mailing Address 14 Elm Place			1 1 M / D 2 D / Y 2 0 0 6 Y
	City Rye	State Zip Code NY 10580	l	Amount of Each Disbursement this Period 495.00
	Purpose of Disbursement Journal Advertisement	Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disb Senate President	oursement For: Primary General Other (specify) ▼		
	State: District:	<u> </u>		
s	UBTOTAL of Disbursements This Page (option	nal)		36727.00

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		for each category of the Detailed Summary Page		_ `	(17	
	y Information copied from such Reports a for commercial purposes, other than usin					
\setminus	NAME OF COMMITTEE (In Full)					
	Nita Lowey for Congress					
Α.	Full Name (Last, First, Middle Initial)					Transaction ID: D135878
Λ.	The State Insurance Fund					Date of Disbursement
	Mailing Address GPO Box 5351					$ \begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City New York		State VY	Zip Code 10087		Amount of Each Disbursement this Period
	Purpose of Disbursement	'	N I	10067		118.68
	Disability Benefits Insurance					Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser				
	Senate President		Primary Other (spe	General		
	State: District:		Other (Spe	(iiy) ∀		
	Full Name (Last, First, Middle Initial)					Transaction ID: D135879
В.	Twenty First Century Group, Inc.					Date of Disbursement
	Mailing Address 434 New Jersey Ave, SE					111 20 7 20 6
	City		State	Zip Code		Amount of Each Disbursement this Period
	Washington,		DC	20003		1000.00
	Purpose of Disbursement Fundraising Event Site Rental					Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	ment For:			
	Senate		Primary	General		
	President State: District:		Other (spe	city) 🔻		
	Full Name (Last, First, Middle Initial)					Transaction ID: D135883
C.	Verizon - Conference Service					Date of Disbursement
	Mailing Address Po Box 15026					$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City Albany		State VY	Zip Code 12212-5026		Amount of Each Disbursement this Period
	Purpose of Disbursement					176.18
	Office Phone Service			Refund or Disposal of Excess		
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	ment For:			
	Senate		Primary	General		
	President Pictriot:		Other (spe	cify)		
	State: District:					
s	UBTOTAL of Disbursements This Page	(optional)				1294.86

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or for commercial purposes, other						
NAME OF COMMITTEE (In	ı Full)					
Nita Lowey for Congress	S					
Full Name (Last, First, Middl A. Verizon Wireless	e Initial)				Transaction ID: D1 Date of Disburseme	
Mailing Address PO BC	OX 489				1 1 D 2 2	['] 2006
City Newark		State NJ	Zip Code 07101		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Cell Phone Service					Refund or Dispo	48.76 osal of Excess
Candidate Name				Category/ Type	Contributions Re 11 C.F.R. 400.5	
Office Sought: Hous Sena Presi	te	ement For: Primary Other (spe	General			
State: District:						
Full Name (Last, First, Middl B. Verizon Wireless	Full Name (Last, First, Middle Initial) Verizon Wireless				Transaction ID: D1 Date of Disburseme	
Mailing Address PO BC	OX 489				10 29	2006
City Newark		State NJ	Zip Code 07101		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Cell Phone Service					Refund or Dispo	48.76 osal of Excess
Candidate Name				Category/ Type	Contributions Re	
Office Sought: Hous Sena	te	ement For: Primary Other (spe	General cify) ▼			
State: District:			,, •			
Full Name (Last, First, Middle C. Verizon	le Initial)				Transaction ID: D1	
——————————————————————————————————————	ranite Street				Date of Disburseme	2 0 0 6
City		State	Zip Code		Amount of Each Dis	sbursement this Period
Braintree		MA	02184		sant of Edon Dis	• • • • • • • •
Purpose of Disbursement	Purpose of Disbursement					415.45
Office Phone Expense					Refund or Dispo	
Candidate Name				Category/ Type	Contributions Re	
Office Sought: Hous Sena Presi	te	ement For: Primary Other (spe	General			
State: District:		. (-	<i>→</i>			
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\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	Nita Lowey for Congress				
_	Full Name (Last, First, Middle Initial)				Transaction ID: D135814
Α.	Westchester Community Opportunity Pro-	Date of Disbursement			
	Mailing Address 2269 Saw Mill River Roa	ad			1 0 M / D 2 6 / Y 2 0 0 6 Y
	City	State	Zip Code		Amount of Each Disbursement this Period
	Elmsford	NY	10523		450.00
	Purpose of Disbursement Journal Advertisement				150.00 Refund or Disposal of Excess
	Candidate Name			Category/	Contributions Required Under
	Office Sought: House Disburs	ement For:		Туре	
	Senate Disburs	Primary	General		
	President	Other (spe	ecify) 🔻		
	State: District:				
В.	Full Name (Last, First, Middle Initial)				Transaction ID: D135811
Ь.	Westchester Hispanic Chamber of Comm	Date of Disbursement			
	Mailing Address 235 Mamaroneck Ave	10 M / D 2 B / Y Y Y O Y 6 Y			
	City White Plains	State NY	Zip Code 10605		Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisement		250.00		
	Candidate Name Category/				Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate	ement For: Primary	General		
	President	Other (spe	ecify) 🔻		
	State: District:				
C.	Full Name (Last, First, Middle Initial) Westchester Jewish Conference				Transaction ID: D135852 Date of Disbursement
	Mailing Address 701 Westchester Ave, S	10 0 7 2 0 0 6			
	City White Plains	State NY	Zip Code 10604		Amount of Each Disbursement this Period
	Purpose of Disbursement				1000.00
	Journal Advertisement				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ement For:			
	Senate	Primary	General		
	President State: District:	Other (spe	еспу) 🔻		
					1400.00
LS	UBTOTAL of Disbursements This Page (optional)				1400.00

S	CHEDULE B (FEC Form 3)			EOD I INIE	NUMBER: PAGE 40 / 49		
ITEMIZED DISBURSEMENTS			Use seperate schedule(s) for each category of the		y one)		
	EMIZED DISBURSEMENTS	Detailed Summa			X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and S for commercial purposes, other than using the						
\setminus	NAME OF COMMITTEE (In Full)						
/	Nita Lowey for Congress						
Α.	Full Name (Last, First, Middle Initial) White Plains Beautification Foundation	Full Name (Last, First, Middle Initial) White Plains Beautification Foundation					
	Mailing Address 14 Winslow Road				$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & G \end{smallmatrix} Y$		
	City White Plains	State Zip C NY 1060			Amount of Each Disbursement this Period		
	Purpose of Disbursement Journal Advertisement				250.00 Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Dis Senate President	oursement For: Primary Other (specify)	General				
	State: District:						
В.	Full Name (Last, First, Middle Initial) White Plains Library Foundation				Transaction ID: D135826 Date of Disbursement		
	Mailing Address 100 Martine Ave				10 M / 26 / Y 2006 Y		
	City White Plains	State Zip C NY 1060			Amount of Each Disbursement this Period		
	Purpose of Disbursement Journal Advertisement				250.00 Refund or Disposal of Excess		
	Candidate Name		C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Dis	oursement For: Primary Other (specify)	General				
	State: District:						
C.	Full Name (Last, First, Middle Initial) Winning Connections Inc.				Transaction ID: D135838 Date of Disbursement		
	Mailing Address 317 Pennsylvania Av	ve, SE 2nd Fl			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City Washington	State Zip C DC 2000			Amount of Each Disbursement this Period		
	Purpose of Disbursement			• •	2959.29		
	Automated Phone Calls Candidate Name		C	Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Dis		2006 General	. 75~			
	State: District:	canon (opoons)					
s	UBTOTAL of Disbursements This Page (optic	onal)		▶	3459.29		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 41 / 49 y one) X 17
	y Information copied from such Reports and State for commercial purposes, other than using the nar			or the purpose of solicating contributions
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Winning Connections Inc. Mailing Address 317 Pennsylvania Ave,	SE 2nd Fl		Transaction ID: D135839 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington Purpose of Disbursement Automated Phone Calls Candidate Name	State Zip Code DC 20003	Category/	Amount of Each Disbursement this Period 6422.88 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Senate President State: District:	ement For: 2006 Primary X General Other (specify)	Туре	11 C.F.R. 400.53
В.	Full Name (Last, First, Middle Initial) Women's Club of White Plains Mailing Address 305 Ridgeway			Transaction ID: D135824 Date of Disbursement M M M / D D D / Y Y Y O O O
	City White Plains Purpose of Disbursement Journal Advertisement Candidate Name Office Sought: House Senate President State: District:	State Zip Code NY 10605 ement For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 200.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO BOX 1270			Transaction ID: D135887 Date of Disbursement M M M / D D D / Y Y Y O O O O
	City Newark Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: House Senate President State: District:	State Zip Code NJ 07101 ement For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 1207.07 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
s	UBTOTAL of Disbursements This Page (optional		>	7829.95

TITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the content of the purpose of schedule (s) for each category of the commercial purposes, other than using the name and address of any political committee to social confidurations from such reports and Statements may not be soid or used by any person for the purpose of schedulines from such reports and Statements may not be soid or used by any person for the purpose of schedulines from such reports. It is a scheduline from such reports. It is a schedulines from such reports. It is a sch	iiay	E# 209307 13007				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commendial purposes, other than using the name and address of any political committee to solicit contributions from such committee of contributions from such committee of solicit contributions from such committee of contributions from		•	for each	category of the	(check onl	y one) X 17 18 19a 19b
Nita Lowey for Congress Full Name (Last, First, Middle Initial) A. Citgo Mailing Address City Mamaroneck NY State Code Mamaroneck NY 10543 Purpose of Disbursement Travel Expense Candidate Name City NY State Disbursement For: State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House City NY State Disbursement For: State: District: Full Name (Last, First, Middle Initial) Condidate Name City NY State Candidate Name City NY State Condidate Name City Ny State City Ny State City Ny						for the purpose of solicating contributions
A. Citgo Mailing Address City Mailing Address City State Zip Code Mamareneck NY 10543 Purpose of Disbursement Travel Expense Candidate Name Office Sought: House Senate Primary General President Disbrict: Full Name (Last, First, Middle Initial) B. Golden Carriage Limousine Mailing Address 347 Midland Avenue City Rye NY 10580 Purpose of Disbursement Travel Category Catego	\rangle	. ,				
Maimaroneck Purpose of Disbursement Travel Expense Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Purpose of Disbursement Travel Candidate Name City Senate President State: District: Full Name (Last, First, Middle Initial) Condidate Name City Senate President State: District: Full Name (Last, First, Middle Initial) Condidate Name Category' Type Amount of Each Disbursement this Period Refund or Disposal of Excess Contributions Required Under 11	Α.	Citgo				Date of Disbursement
Full Name (Last, First, Middle Initial) B. Golden Carriage Limousine Mailing Address 347 Midland Avenue City State Zip Code NY 10580 Purpose of Disbursement Travel Candidate Name Office Sought: District: Full Name (Last, First, Middle Initial) City State Zip Code NY 10580 President Other (specify) ▼ City State: District: Full Name (Last, First, Middle Initial) C. Staples - Potomac Yard Mailing Address 3301 Jeff Davis Hwy City Alexandria VA 22305 Purpose of Disbursement Supplies Candidate Name Office Sought: District: Candidate Name District: District: Full Name (Last, First, Middle Initial) C. State Zip Code VA 22305 Purpose of Disbursement Supplies Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type		Mamaroneck Purpose of Disbursement Travel Expense Candidate Name Office Sought: House Senate President	ement For:	10543		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Rye NY 10580 Purpose of Disbursement Travel Candidate Name Office Sought: House President State: District: City Alexandria Purpose of Disbursement Supplies Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ Transaction ID: D135890 Date of Disbursement Mailing Address 3301 Jeff Davis Hwy Transaction ID: D135890 Date of Disbursement Mailing Address 3301 Jeff Davis Hwy City Alexandria VA 22305 Purpose of Disbursement Supplies Candidate Name Office Sought: House Senate Primary General Disbursement For: Senate Primary General Other (specify) ▼ MEMO ITEM] Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type MEMO ITEM] MEMO ITEM]	В.	Full Name (Last, First, Middle Initial) Golden Carriage Limousine				Date of Disbursement
City Alexandria Purpose of Disbursement Supplies Candidate Name Date of Disbursement Mailing Address 3301 Jeff Davis Hwy City Alexandria VA 22305		Rye Purpose of Disbursement Travel Candidate Name Office Sought: House Senate President	ement For:	10580		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	C .	Full Name (Last, First, Middle Initial) Staples - Potomac Yard Mailing Address 3301 Jeff Davis Hwy City Alexandria Purpose of Disbursement Supplies Candidate Name Office Sought: House Senate President	ement For:	22305 General		Date of Disbursement M M M / D 2 D / Y Y Y O 0 6 Amount of Each Disbursement this Period 355.69 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
L GUDITATAL OF DISCONSECUENS THIS FACE COOLOGO	[e					0.00

Image# 26930713668

A. USPS

City

Postage

State:

Mailing Address

White Plains

Candidate Name

Office Sought:

House Senate

District:

President

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 43/49 Use seperate schedule(s) (check only one) for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Transaction ID: D135897 Date of Disbursement 2 2 2006 620 Mamaroneck Ave State Zip Code Amount of Each Disbursement this Period NY 10605 78.00 Purpose of Disbursement Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type [MEMO ITEM]

Disbursement For:

Primary

Other (specify)

General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	0.00
TOTAL This Period (last page this line number only)	•	179442.29

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE	NUMBER: PAGE 44 / 49
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		17
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS			Transaction ID: D135792 Date of Disbursement
	Mailing Address P.O. Box 8508			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 \end{smallmatrix} \begin{smallmatrix} O & M \\ \end{smallmatrix} \begin{smallmatrix} O & D & C \\ 1 \end{smallmatrix} \begin{smallmatrix} O & D \\ 2 \end{smallmatrix} \begin{smallmatrix} O & O & C \\ 1 \end{smallmatrix} \begin{smallmatrix} V & 2 & 0 & 0 & C \\ O & C & C \\ \end{smallmatrix} $
	City Utica	State Zip Code NY 13505		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Contribution Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
	Arcuri, Michael Angelo	ement For: 2006	Type	11 C.F.R. 400.53
	Senate President State: NY District: 24	Primary X General Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS			Transaction ID: D135794 Date of Disbursement
	Mailing Address PO Box 390		$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 \end{smallmatrix} \begin{smallmatrix} O & M \\ \end{smallmatrix} \begin{smallmatrix} O & D & C \\ 2 \end{smallmatrix} \begin{smallmatrix} O & C \\ C & C \\ \end{smallmatrix} \begin{smallmatrix} C & C & C \\ C & C \\ \end{smallmatrix} \begin{smallmatrix} C & C & C \\ C & C \\ C & C \\ \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} C & C & C \\ C & C \\ C & C \\ C & C \\ \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} C & C & C \\ C & C \\ C & C \\ C & C \\ \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} C & C & C \\ C & C \\ C & C \\ C$	
	City Waterloo	State Zip Code IA 50704		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Contribution Candidate Name	Category/	Refund or Disposal of Excess Contributions Required Under	
	Braley, Bruce	Type	11 C.F.R. 400.53	
	Office Sought: X House Senate President State: IA District: 01	ement For: 2006 Primary X General Other (specify)		
С.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS			Transaction ID: D135793 Date of Disbursement
	Mailing Address PO Box 38		$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D & G \\ \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 \end{smallmatrix} \begin{bmatrix} O & G \\ \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 \end{smallmatrix} \begin{bmatrix} O & G \\ \end{smallmatrix} \end{bmatrix}$	
	City Dimock	State Zip Code PA 18816		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Contribution		•	1000.00 Refund or Disposal of Excess
	Candidate Name Carney, Christopher		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Senate President State: PA District: 10	ement For: 2006 Primary X General Other (specify)		
s	UBTOTAL of Disbursements This Page (optional)			4000.00
	OTAL This Period (last page this line number only			

ITEMIZED DISBURSEMENTS		 Use seperate schedule(s) 		NUMBER: PAGE 45 / 49
		for each category of the Detailed Summary Page	(check onl	17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and for commercial purposes, other than using			
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress	· · · · · · · · · · · · · · · · · · ·		
Α.	Full Name (Last, First, Middle Initial) Committee to Bring Back Baron Mailing Address PO Box 1071			Transaction ID: D135799 Date of Disbursement 10 26 2006
	City Seymour	State Zip Code IN 47274		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Contribution Candidate Name Baron P Hill Office Sought: X House	Disbursement For: 2006	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President State: IN District: 09	Primary X General Other (specify)		
В.	Full Name (Last, First, Middle Initial) FRIENDS OF TAMMY DUCKWOR Mailing Address 416 W. 22nd St.	тн		Transaction ID: D135800 Date of Disbursement 10 26 2006
	City State Zip Code Lombard IL 60148 Purpose of Disbursement 2006 General Contribution Candidate Name			Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Duckworth, L. Tammy Office Sought: X House Senate President State: IL District: 06	Disbursement For: 2006 Primary X General Other (specify)	Туре	
C.	Full Name (Last, First, Middle Initial) HAFEN FOR CONGRESS			Transaction ID: D135797 Date of Disbursement
	Mailing Address PO BOX 530996			10 26 7 2006
	City HENDERSON	State Zip Code NV 89053		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Contribution			1000.00 Refund or Disposal of Excess
	Candidate Name Hafen, Tessa Michelle		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Senate President State: NV District: 03	Disbursement For: 2006 Primary X General Other (specify)		
s	UBTOTAL of Disbursements This Page (o	ptional)		3000.00
	OTAL This Period (last page this line numl			

SCHEDULE B (FEC Form 3)

SCHEDOLL B (I LCI OIIII 3)	Use seperate schedule(s)	FOR LINE N				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only o	one) 17			
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam-						
NAME OF COMMITTEE (In Full)	and address of any pointed con					
Nita Lowey for Congress						
Full Name (Last, First, Middle Initial)			Transaction ID: D135801			
HARRY MITCHELL FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 23748			1 0 D 2 6 Y 2 0 0 6 Y			
City TEMPE	State Zip Code AZ 85285		Amount of Each Disbursement this Perio	d		
Purpose of Disbursement	7.12 00200		1000.00			
2006 General Contribution			Refund or Disposal of Excess			
Candidate Name Mitchell, Harry		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53			
	ement For: 2006					
Senate President	Primary X General Other (specify) ▼					
State: AZ District: 05						
Full Name (Last, First, Middle Initial)			Transaction ID: D135796			
JILL DERBY FOR CONGRESS		Date of Disbursement				
Mailing Address PO BOX 1901			1 0 D 2 6 Y 2 0 0 6 Y			
City MINDEN	State Zip Code NV 89423		Amount of Each Disbursement this Perio	d		
Purpose of Disbursement	•	1000.00				
2006 General Contribution		Refund or Disposal of Excess Contributions Required Under				
Candidate Name Derby, Jill T.	ategory/ Type	11 C.F.R. 400.53				
Office Sought: X House Disburse Senate	ment For: 2006 Primary X General					
President	Other (specify)					
State: NV District: 02						
Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS			Transaction ID: D135798 Date of Disbursement			
Mailing Address P.O. Box 1961			$\begin{bmatrix}\begin{smallmatrix}M&O&M\\1&0&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\2&6\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&O&O&O\\2&2&0&O&6\end{smallmatrix}$			
CENTURY BUILDING City	State Zip Code		Amount of Each Disbursement this Perio	ıd		
South Bend	IN 46634		1000.00			
Purpose of Disbursement 2006 General Contribution						
Candidate Name Categ			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	nnelly, Joseph Type					
Office Sought: X House Disburse Senate	ment For: 2006 Primary X General					
President	Other (specify)					
State: IN District: 02						
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only)		▶				

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER:	PAGE 47/49
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		9a 19b 0c x 21
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Full Name (Last, First, Middle Initial) KELLAM FOR CONGRESS Mailing Address PO Box 56254		Transaction ID: D135 Date of Disbursement	5803 Y 2 0 0 6
Virginia Beach	State Zip Code VA 23456	Amount of Each Disbu	rsement this Period
Purpose of Disbursement 2006 General Contribution Candidate Name Kellam, Philip Office Sought: X House Disburse President State: VA District: 02		Refund or Disposa Contributions Requ 11 C.F.R. 400.53	l of Excess
Full Name (Last, First, Middle Initial) Melissa Bean For Congress Mailing Address 203 Frances Lane		Transaction ID: D138 Date of Disbursement	5804 Y 2 0 0 6
Barrington Purpose of Disbursement 2006 General Contribution Candidate Name Bean, Melissa L		Amount of Each Disbutegory/ Type Amount of Each Disbutegory Refund or Disposa Contributions Required 11 C.F.R. 400.53	1000.00 I of Excess
State: IL District: 08 Full Name (Last, First, Middle Initial) New York State Democratic Committee Mailing Address 60 Madison Avenue Suite		Transaction ID: D133 Date of Disbursement	5805 Y 2 0 0 6 Y
New York Purpose of Disbursement Unlimited Party Transfer Candidate Name	l l	Amount of Each Disbutes Refund or Disposa Contributions Required 11 C.F.R. 400.53	10000.00 I of Excess
SUBTOTAL of Disbursements This Page (optional) .			12000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE N				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) 17			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) Nita Lowey for Congress						
Full Name (Last, First, Middle Initial) A. PERLMUTTER FOR CONGRESS			Transaction ID: D135802 Date of Disbursement M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 3440 Youngfield St #264			10 26 2006			
•	State Zip Code CO 80033		Amount of Each Disbursement this Period			
Purpose of Disbursement 2006 General Contribution Candidate Name Perlmutter, Edwin	C	Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	ment For: 2006 Primary X General Other (specify)	.,,,,,				
Full Name (Last, First, Middle Initial) Rockland County Democratic Committee Mailing Address PO Box 266			Transaction ID: D135861 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code		Amount of Each Disbursement this Period			
Purpose of Disbursement	Purpose of Disbursement					
Nonfederal Contribution Candidate Name	C	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial) White Plains Democrats			Transaction ID: D135866 Date of Disbursement			
Mailing Address 300 Martine Ave	Mailing Address 300 Martine Ave					
	State Zip Code NY 10601		Amount of Each Disbursement this Period			
Purpose of Disbursement Nonfederal Transfer	Purpose of Disbursement					
Candidate Name						
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 49/49 Use seperate schedule(s) (check only one) for each category of the 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Transaction ID: D135858 Yonkers Democratic City Committee Date of Disbursement 0 2 2006 Mailing Address 955 Yonkers Avenue City State Zip Code Amount of Each Disbursement this Period Yonkers NY 10704 2150.00 Purpose of Disbursement Nonfederal Contribution Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D135795 ZACK SPACE FOR CONGRESS COMMITTEE Date of Disbursement [™]0 26 2006 Mailing Address 714 N WOOSTER AVENUE City State Zip Code Amount of Each Disbursement this Period DÓVER 44622 OH 1000.00 Purpose of Disbursement 2006 General Contribution Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Space, Zachary Type Office Sought: χ House 2006 Disbursement For:

X General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3150.00
TOTAL This Period (last page this line number only)	•	27650.00

Primary

Other (specify)

Senate

District: 18

State: OH

President